

Union County College
A.A.S. Degree in Respiratory Care

Application for Admission



Union County College

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Dear Prospective Respiratory Care Student:

We are delighted that you have chosen Union County College to begin your journey towards becoming a Respiratory Therapist. Here at Union County College we have developed a two -year program to prepare you for an entry-level career as a healthcare professional. Respiratory Therapists are members of rapid response and trauma teams that response to medical emergencies and coordinate care with other healthcare professionals in hospital, long term and home care settings. Respiratory Therapists initiate and manage mechanical ventilation, assist physicians with special procedures, and provide vital patient and caregiver education. Our respiratory care laboratory, clinical affiliates and instructors will assist you in developing the necessary skills needed to become a licensed, competent respiratory therapist.

The respiratory care field is rapidly evolving and here at Union County College we strive for excellence and are prepared to provide you with the education and clinical experiences that will assist you in pursuing specialty credentials or continuing your formal education.

We look forward to working with you to achieve your educational goals.

In the meantime, if you have any questions or need further information about our program you may contact:

Ms. Michele L. Okun, MS, RRT, RPFT
Program Director
908-791-4943
Michele.okun@ucc.edu

Ms. Marquita Fitzpatrick, MA, RRT
Director of Clinical Education
908-412-3573
Marquita.fitzpatrick@ucc.edu

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Instructions

Admission to the A.A.S. degree program in Respiratory Care at Union County College requires additional criteria for selection. Students must first be admitted to the College prior to submitting an application for admission to the Respiratory Care program. For information about applying to Union County College please visit: [Admissions](#)

To apply to the College, go to: [Apply Now](#)

Students who wish to be enrolled in the Respiratory Care Program must complete this application. For full consideration, you must submit an application with supporting documents to: Ms. Kathleen Wittrock via email at Kathleen.wittrock@ucc.edu or by postal mail to: Ms. Kathleen Wittrock, Division of Allied Sciences, Plainfield Campus, Union County College, 232 East Second St., Plainfield, NJ 07060

Please submit all applicable transcripts to the Union County College Admissions Office, Cranford Campus, 1033 Springfield Ave, Cranford, NJ 07016

- a) Official high school transcript or GED scores (no college or prior course work was completed at union County College)
- b) Official transcripts from other colleges/universities attended
- c) A World Education Services ® evaluation of foreign transcripts

Completed applications are reviewed on a rolling basis, and qualified applicants who completed the admission process and were accepted will be admitted until each class reaches capacity. When there are more applicants than seats for each class, a waiting list is maintained by the Division of Allied Sciences.

Applicants seeking to transfer credits from previously completed respiratory care courses will be reviewed for advanced placement on a case by case basis and contingent upon the following:

- Credits must be from an accredited college or university and a CoARC accredited respiratory care program;
- Review of course content, description and competencies to ensure equivalency;
- Demonstration of required core competencies prior to placement with program faculty approval

Applicant for advanced placement in respiratory care may contact the program director for more information. For information about applying to the College or transferring credits please contact a Student Service Specialist in Student Service Center at the Plainfield Campus at 908-412-3550; go to: [Transfer Credits](#)

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Admission Requirements

1. Completion of a Respiratory Care Program application
2. Two (2) letters of recommendation (teacher, counselor, or professional)
3. Successful completion of the following high school or college level coursework in: Chemistry, Math, English and Biology
4. If you have college credits, you must have earned a grade point average (GPA) of 2.5 or higher at Union County College or other accredited college or university within the past five (5) years
5. Schedule and pay for HESI program entrance examination (approx. \$40 - \$45.00); achieve passing scores; applicant may take exam twice
6. A clear Criminal Background check by our vendor Adam Safeguard
7. Certified in Basic Cardiac Life Support for Healthcare Providers from the **American Heart Association (AHA)**; online courses are not accepted
8. Proof of Professional liability insurance having a minimum of 1 million dollars per claim and 3 million aggregate
9. Medical Clearance by a Physician
10. Immunization Records: The State of New Jersey requires all full-time students born after December 31, 1956 to be immunized against measles, mumps, Rubella and Hepatitis B, or prove that they meet one of the exemption requirements
11. Drug testing

The CPR, professional liability insurance and medical clearance must be completed prior to registering for RSP101 Fundamentals of Respiratory Care course. Students will not be assigned a clinical rotation/assignment unless these additional requirements are met.

Instructions for obtaining CPR certification and Professional Liability Insurance:

1. CPR
Please visit [Continuing Education Brochure](#)
In the table of contents find "Healthcare Careers"
Under "Healthcare Careers" find CPR Classes
2. Professional Liability Insurance
Please visit [AARC Proliability](#)
Select "Get a Quote" to begin

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Criminal Background Checks

Clinical affiliates mandate criminal background checks for all students in patient care settings. Each student must undergo a criminal background check prior to admission to the program. These checks require a valid social security number. Federal and state laws preclude persons with certain criminal backgrounds from being in contact with children and patients. A felony conviction may affect a student's admission to the program and ability to attain state licensure.

Some clinical affiliates require annual background checks and students will be subject to another background check. These checks are conducted by an external vendor and payment is the student's responsibility. The results of the checks are forwarded to the College and upon request, to clinical affiliates. The vendor will evaluate the information and make the final determination whether the student can engage in patient care. If a student is denied clinical placement by any clinical affiliate due to criminal history information, that student will be dropped from the program.

Disability Services

Union County College is committed to providing an inclusive educational experience for students with disabilities. The College adheres to the requirements of the Americans with Disabilities Act, including the recent Amendments, and Section 504 of the Vocational Rehabilitation Act of 1973 which prohibit discrimination on the basis of disability. For more information click [Disability Support Services](#)

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APPLICATION FORM

Please print clearly or type

APPLICANT INFORMATION											
Last Name			First			M.	Date				
Street Address						Apartment/Unit #					
City			State			ZIP					
Phone			E-mail Address								
Semester Requested			Student ID No.			GPA					
Are you currently attending Union County College?			YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you attending another college?			YES <input type="checkbox"/>	NO <input type="checkbox"/>		
If you are not currently attending Union County College, have you applied?			YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?						
Have you ever been convicted of a felony?			YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain						
EDUCATION											
High School			City/State								
From	To	Did you graduate?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree					
College			City/State								
From	To	Did you graduate?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree					
College			City/State								
From	To	Did you graduate?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree					
College			City/State								
From	To	Did you graduate?		YES	NO	Degree					
COURSE WORK – Attach an unofficial copy of your Union County College transcript showing courses completed/transferred											
Have you completed all ESL and developmental courses (i.e., ENG 097, MAT 017)						YES	NO				
COURSES		SEMESTER COMPLETED		GRADE		CURRENTLY TAKING		WHAT COLLEGE?			

Grades of 'C' or better are required in all ESL, developmental and general education courses.

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APPLICATION FORM

COURSES	SEMESTER COMPLETED	GRADE	CURRENTLY TAKING	WHAT COLLEGE?
OTHER COURSES – CURRENTLY ENROLLED OR COMPLETED				

DISCLAIMER AND SIGNATURE	
<p>I certify that my answers are true and complete to the best of my knowledge.</p> <p>If this application leads to enrollment, I understand that false or misleading information in my application may result in my dismissal from the Program.</p>	
Signature	Date

*Union County College does not discriminate based on race, color, national origin, sex, age or disability.

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APPLICANT ACKNOWLEDGEMENT

(To be completed by the applicant and submitted with the completed application form)

APPLICANT NAME (Last, First) _____

Complete the items below and give the enclosed reference grid check off sheet to the individuals providing the verification of this experience. For your supervisors' convenience, you should provide a stamped self-addressed envelope. Have your supervisor complete the recommendation form and place it in a sealed envelope with their signature across the seal. No recommendations will be accepted without a full signature across the seal.

I give my permission for the recommendation information to be released to the Respiratory Care Program at Union County College. This information is to be included in my application portfolio.

Applicant's Signature: _____ Date: _____

Right of Access

The Federal Family Education rights &V Privacy Act of 1974 gives students the right to access their records. It is your option to waive your right to access. Please mark the appropriate phrase below indicating your choice and sign your name.

_____ I DO waive my right to review the recommendations.

_____ I DO NOT waive my right to review the recommendations.

Applicant's Signature: _____ Date: _____